PLACE OF BIRTH	Gila	ARIZONA STATE E	BOARD OF HEALTH
District of	BUREA	U OF VITAL STATISTICS	State Index No. //9
Town of many	ORIGINAL	CERTIFICATE OF BIRTH	County Registrar No. 100
or City of	NO. =	02 Live a	Local Registrar No. 5 5 7
2. Full name of child	Oin in	f birth occurred in a hospital or insti	tution, give its NAME instead of street and number  { If child is not yet named, mak supplemental report, as directed
3. Sex of Child To be answ in event of births.	plural }	r of birth	
8. Full name Manu	FATHER rel Diviago	14. Full maiden name	MOTHER Albina Palomaris
9. Residence (Usual place of abode) Miami , anyona		· 11	de mani arizona
If non-resident, give place and state.			give place and state.
10. Color or race  My: Can  11. Age at last birthday. 36 (Years)		(Years) 16 Color or race	17. Age at last birthday 3.3 (Years
12. Birthplace (city or place)	Toutstone arizona	18. Birthplace (city (State or country)	or place) Daffard aringon
13. Occupation miner Nature of Industry Coppin		19. Occupation Nature of industry	Housewife
20. Number of children of this (Taken as of time of birth of electified and including this child	hild herein (b) Born alive bu	t now deadt	Vere precautions taken against oph- halmia neonatorum?
I horoby cortify that I attended	CERTIFICATE OF AT the birth of this child, who wa	TENDING PHYSICIAN OR MII	owife* at 5:30 / m. on the date above states
* When there was no attend or midwife, then the father, etc., should make this return child is one that neither I shows other evidence of life	ing physician householder.   Signature	(Born alive or stillborn)	1. Frince
Given name added from a supplemental report. Month, day,	year	,	Logal Registrar.  3. E. Wylbria  County Registrar.

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